

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2014		
Mailing Address 600 Fairmount Avenue Suite 306			Amount 110000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : 21705912		
Purpose of Expenditure Television Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Dave Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought		115410.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2014		
Mailing Address 1850 M Street, NW Suite 235			Amount 5410.14		
City Washington	State DC	Zip Code 20036	Transaction ID : 21705948		
Purpose of Expenditure Television Production - Estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Dave Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought		115410.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	115410.14
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	115410.14

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Date

MM / DD / YYYY
04 / 25 / 2014

Signature